Atlantic Regional Liaison Committee

Meeting Date: May 29, 2017

Location: Charlottetown, PE

Attendees:

Dr. Clinton Campbell	Fraser Eaton	Gordon Jenkins
Heather Mingo	Morley Reid	Anne Robinson
Tate Skinner	Behzad Taeb	Calvin Taylor
Karen Turner-Lienaux		

Presenters: Chris Brennan, Peter MacDonald, Stephanie Smith

Regrets: Kaitlyn Curran, Dr. Calvino Cheng, William Njoku

Welcome and Introductions:

Key Points:

- Peter MacDonald thanked Gordon Jenkins for hosting an informal gathering at his home on Sunday evening.
- Peter MacDonald introduced Dr. Clinton Campbell as the newest member of the Atlantic Regional Liaison Committee (RLC) and welcomed Tate Skinner who was attending on behalf of the MUN Blood Club. Round table introductions followed.
- Dr. Calvino Cheng has chosen not to renew his term on the Atlantic RLC when it ends in August 2017.

Review of Task Tracking Calendar & Agenda / Approval of Summary Notes:

Key Points:

- Peter MacDonald provided updates on the pending tasks.
- Annual Atlantic Honouring Our Lifeblood ceremonies have been scheduled for:
  - June 8, 2017, at 7:00 pm at the Geo Centre, St. John's, NL
  - June 12, 2017 at 7:00 pm at the Lily Lake Pavilion, Saint John, NB
  - June 13, 2017 at 7:00 pm at the Delta Beausejour, Moncton, NB
  - June 14, 2017 at 7:00 pm at the Best Western Plus, Dartmouth, NS
- The summary notes from the October 2016 Atlantic RLC meeting were approved by the committee.

Action Item:

- Janice Phillips to submit the October 2016 Atlantic RLC summary notes for posting to blood.ca.

National Liaison Committee (NLC) Update:

Presenter: Calvin Taylor, RLC Co-Chair & Atlantic NLC Representative

Key Points:

- Highlights from the NLC meeting of March 6, 2017:
  - Report from Board of Directors:
    - Continued focus on safety and supply
    - Recent decision to lengthen period of time between donations for women has implications for supply.
    - Major focus on increase in Plasma collection.
    - Changes have impacted cord blood business plan assumptions and so have created significant financial pressure.
    - Ongoing communication with provinces/territories to assist with operational and capital funding.
    - Although CBS' relationship with the federal government is limited, the relationship has improved recently.
    - After eight years as chair, Leah Hollins will be succeeded by a new chair. As well, six other members of the board have completed their terms and will be succeeded by new members in the fall.
  - Dr. Graham Sher spoke about securing the Canadian Plasma supply for Immune Globulin.
  - National Contingency Plan (National Blood Shortage Plan):
    - To have a plan in case of a blood shortage created by an emergency.
    - Plan assumes that the supply is what it is at the time of the crisis.

- Plan assumes that all areas of the country would be affected equally by the shortage.
- There are emergency planning committees at national, provincial and health authority levels.
- A triage tool has been developed which creates criteria to determine who, in the event of a severe blood shortage and with little likelihood of survival, will not receive blood products. Amber Phase - Insufficient supply for usual transfusion practice (48 – 72 hours on hand). Guidelines provided to hospitals to determine what action to take for major surgeries, obstetrics, non-surgical anemia, etc. Red Phase - Insufficient supply for all non-elective transfusion practice (less than 48 hours on hand). Guidelines provided to hospitals for triage, what action to take for major surgeries, obstetrics, non-surgical anemia, etc.

- A presentation was provided regarding the Deeper Connections Strategy / Collections Plan.
- A very good description of Canadian Blood Services biologics was provided. This included Red Blood Cells (various blood types and patient groups benefiting), Plasma (including different Plasma protein products and who benefits), Platelets (how they are produced and patient groups) and Blood Stem Cells.
- Cytomegalovirus – Risk Assessment:
  - We filter all blood products which dramatically reduces risk.
  - 47% of donations are tested for CMV.
  - Current "belt and suspenders" testing approach is not required so Option C2 antibody testing approach will be taken.
- Zika Virus:
  - After applying mathematical model, it was determined that the risk is 1 in 200,000,000 by deferring travelers 21 days from risk areas.
- Iron Management:
  - A presentation was provided on why new rules have been implemented.
- Plasma Protein Products:
  - There are 45 different products costing $700M annually.
  - Coming up to last year of a 5-year contract for both fractionation companies (in USA and Europe).
  - Almost five million grams of product in total.
  - Collaborate with CADTH to review new categories of product before deciding if we should carry the product or not. If approved, it will be about eight months for new product to be in hospitals.
  - Reviews of contracts in the last few years have resulted in $600M in savings over five years.

Action Items:

- Calvin Taylor to post future NLC meeting updates to the Atlantic RLC group folder in Basecamp.
- Chris Brennan to add Dr. Clinton Campbell to Basecamp.

Issues Updates:

Presenter: Chris Brennan, Manager, Stakeholder Relations

Key Points:

- Plasma:
  - A lot of work going on behind the scene with governments. Last year consultations were held with the NLC and regional RLCs and broad stakeholder engagement was held in Ottawa in October. Feedback received during these meetings was used to develop a comprehensive report which was submitted to governments in December with a funding request and a plan for how the Plasma issue would be addressed in Canada. Discussions and negotiations are currently underway with governments.
  - The plan put forward is that by 2024, Canadian Blood Services will open 40 Plasma centres across the country to collect ~600,000 litres of Plasma per year. Estimated that Canadian Blood Services will require 100,000 – 150,000 dedicated Plasma donors per year to reach this goal.
    - Three major concerns in implementing this plan are; funding from provinces/territories, where the donors will come from and the entry of competition in the market.

- MSM / Trans:
  - One-year celibacy period for individuals from the MSM community to donate. This brings us in line with most of the western world.
  - What's next? In January, an international research symposium was convened in Toronto. Leading researchers from Canada and international experts were brought together for two days to discuss what ongoing research and what information was required to determine the next change. Looking to gather information required to move to a behaviour-based model. A research program was launched and those in attendance at the research symposium could present submissions to a grant review panel. Sixteen submissions were received. A grant review panel is currently reviewing submissions. Projects will be initiated between July and October and run for one to two years. Data obtained from the projects will be used to determine the next step in the process.

- The current trans policy states that if a trans donor presents in clinic and they have undergone gender affirming surgery more than a year ago, they will be screened as their new/correct gender. If they have not undergone gender affirming surgery or have undergone it less than one year ago, they will be screened as their birth gender. This policy was not received well by the trans community. Canadian Blood Services held in person consultations in Toronto and Vancouver to determine where the policy went wrong and how to get it back on track. Topics discussed were the layered approach to blood safety, criteria for trans donors (including rationale) and areas for potential improvement. Key themes raised were behaviour-based donor criteria, better staff training, clearer screening processes, more consistent screening processes and more support for research and data. The next step is to develop staff training. There may eventually be changes to the donor questionnaire; however, there is a Health Canada process to go through before any changes can be made to the questionnaire.

- BC RLC Youth Pilot:
  - The BC committee has recruited many younger members over the past year. Approximately 10 of the 15 committee members are university students.
  - There are a number of student associations that won't permit Canadian Blood Services on their campuses for various reasons (i.e., anti-discrimination policies, etc.). Although some headway was made at a number of campuses following discussions with student councils/governments, more work is required. The BC RLC will be inviting incoming student council presidents, blood club representatives, LGBTQ representatives and administrators from six campuses across BC to the Oak Street Clinic in Vancouver to walk them through the deferral policy and the background as to why it exists (i.e., Krever, etc.), to explain what we are doing now and how they can help. It is hoped that this will lessen the barriers preventing Canadian Blood Services from visiting campuses. If the pilot is successful, it will be expanded to all campuses in BC and eventually across the country. An update on this initiative will be shared at the fall meeting.

Comments/ Questions:

- Plasma:
  - Canadian Plasma Resources has not yet sold Plasma to fractionators.
  - Product purchased by our fractionators is certified by Health Canada.
  - The ~600,000 litres of Plasma that Canadian Blood Services plans on collecting will not be sold on the open market but will be sent to one of our fractionators. The products will be returned to Canada.
  - Plasma demand is increasing as there are new indications being identified where Plasma products are a potential solution. Demand from European countries is also increasing. Another risk is emerging markets (i.e., China and India).
  - As there is no connection between Canadian Blood Services and Canadian Plasma Resources, there is the potential that donors could donate too often if they were to donate at both organizations.
    Canadian Blood Services' questionnaire asks donors where and when their last donation was outside of Canadian Blood Services.

- MSM / Trans:
  - A listing of the submissions funded will be available by the next Atlantic RLC meeting.
  - Any approach implemented by Canadian Blood Services following consultation with the trans community will be implemented at all Canadian Blood Services sites across the country.
  - Has consideration been given to asking members of the MSM / Trans community to become Plasma donors?
    A pilot is currently underway in France where Plasma donation has been opened up to the MSM community. Donors from this community will have their blood drawn at a donation clinic. The blood will be tested and then stored for three to six months. Donors will come back three months later to have another sample drawn. If that sample comes back clean, the donation will be released into inventory. Canadian Blood Services is keeping a close eye on this pilot.

- BC RLC Youth Pilot:
  - Does Canadian Blood Services address comments/questions pertaining to topics such as the deferral policy on social media platforms?
    Canadian Blood Services has a team that monitors various social media platforms and often responds to respectful conversation threads. Canadian Blood Services has numerous regional Give Life Twitter accounts controlled at the local/regional level. Certain subject matters are forwarded on to Head Office for a national response.

Action Item:

- Peter MacDonald to investigate the cost difference between collecting a unit of Plasma vs. purchasing it.
- Chris Brennan to provide the committee with a list of campuses that Canadian Blood Services is prohibited from visiting.

Consultation - Refreshing Canadian Blood Services' Volunteer Program:

Presenter: Stephanie Smith, Manager, Volunteer Lifecycle

Key Points:

- Volunteer Canada surveyed 1,100 volunteers and a few hundred organizations to identify what volunteers are looking for and what organizations want from volunteers. Volunteers are seeking opportunities that transfer and develop skills as well as opportunities that are flexible, social and provide networking opportunities. They want opportunities that have technology and online options. Opportunities should clearly outline the purpose of the proposed volunteer activity and how it will help people. There should be follow-up with the volunteers to let them know the impact of the time they contributed.
- 69% of the volunteer base are female and 29% male. The two largest portions of the volunteer base are over the age of 65 (42%) and under the age of 24 (20%). Of volunteers 65 years and over, 42% have been with us for 10+ years. Volunteers aged 55+ tend to be more interested in being in clinic to support donors through the donation experience. Those under the age of 35 tend to be more interested in being in communities helping to recruit donors.
- In-clinic role leverages "thank / inform / invite", alerts staff to post-donation reactions, provides donor recognition (i.e., stamping donor cards, handing out recognition items), serves refreshments, ensures donors rest after donating and encourages donors to complete donor comment cards. Need to consider how this role is supporting the donor experience in our automated clinic environment.
- Volunteer satisfaction survey asked active volunteers, "If given the opportunity to support Canadian Blood Services in terms of recruitment and advocacy, what would your interest be?" Results: organ and tissue donation (39%), recruiting volunteers (34%), blood donation (34%), cord blood donation (34%) and OneMatch Stem Cell and Marrow Network (32%). They were then asked what the most helpful resource would be to support their efforts. Results: online tools, social media messaging and recruitment training.
- In-community volunteers brought in 20,000 donor prospects utilizing "Sign-Me Up" forms in 2015-16 which resulted in a little under 5,000 new donors.
- Evolution of the program will be to continue to engage volunteers in donor recruitment, have volunteers assist in driving appointments at key times per year, create digital advocacy opportunities, consider community groups taking stronger ownership of clinics and supporting all products.
- Working to increase engagement in awareness and advocacy through digital self-led opportunities, engaging individuals in organizing group donations and continuing to expand and grow opportunities for volunteer support in donor recruitment.
- Committee members were asked to consider…
  - The benefits traditional roles still bring to the donor experience.
  - How volunteers could support the organization's strategic priority of transforming how we attract, interact with and retain donors.
  - How the volunteer program could better support digital engagement with donors and stakeholders.
  - The possible impacts of changing the program?

Comments/ Questions:

- Canadian Blood Services' Volunteer Management Information System contains information on its "active" volunteers (i.e., roles, contact information, whether they are on call, preferences, etc.). An individual who volunteers once per year would be considered part of third party groups that support our mobile clinics. Volunteer leaders would maintain their contact information.
- Do volunteers from rural areas tend to be older?
  Yes. As well, the donor bases in rural areas tend to be an older demographic.
- Are the people working on refreshing the Canadian Blood Services' Volunteer Program communicating with the individuals responsible for the Learning to Save Lives Program?
  There is no specific volunteer role for the Learning to Save Lives Program; however, in-community volunteers are matched to their interests.

- Is there a time limit for how long someone can volunteer?
  There are no set limits for the in-community and in-clinic volunteer roles.

- Volunteers are often challenged in obtaining the necessary tools and resources (i.e., laptops and projectors for presentations). Multiple times per year, volunteers are provided with promotional materials to be distributed throughout their communities. In rural areas, the distribution area can be quite large. Is it realistic to expect a volunteer to distribute materials over large areas?
  There are opportunities to have Canadian Blood Services Territory Managers and Event Coordinators attend events with the volunteers and they can bring the necessary presentation tools. The expectation is not to have one volunteer cover a community spanning a large area. In this situation, collateral materials should be handled by multiple volunteers throughout the community.

- Much of Canadian Blood Services' volunteers are over the age of 65. A survey of the existing volunteer base indicates that volunteers over the age of 55 have less interest in the donor recruitment in-community role than volunteers under 35. How can volunteers (55 and over) be encouraged to participate more in donor recruitment in-community roles?
  Volunteers (55 and over) would likely have less access to younger donors than those under 35. As well, older volunteers may not relate as well to the questions, comments and experiences of young potential donors.

- Groups were created on Facebook to promote recruitment events on the Dalhousie campus. Volunteers shared the information with their friends who were then encouraged to share the information with their friends. It was noted that there are multiple campuses at Dalhousie University; however, Canadian Blood Services has only focused on one campus. More events should be held throughout the year at the different campuses.

- It had been suggested that RLC members meet with Territory Managers in their region to discuss how they may be of assistance. An initial meeting was held at the St. John's site and various suggestions were discussed. There has, however, been no follow-up on these suggestions.

Action Item:

- Peter MacDonald to request the NL Territory Manager to follow-up with NL RLC members regarding suggestions made during their initial meeting on how they could be of assistance.

Pathogen Reduction:

Presenter: Bob Skeate, Associate Medical Director, Medical Services, East

Key Points:

- It is Canadian Blood Services' responsibility to ensure donors are not hurt by donating and that the blood products generated from blood donations do not hurt recipients. Both responsibilities are important in pathogen reduction because some of technologies can damage blood products

- Donors are assessed by clinic staff to ensure they understand the process, can give consent and participate on a voluntary basis. All donors must complete a donor questionnaire before donating. Many laboratory tests are performed including ABO Rh group testing, checking for other types of proteins on the surface of red blood cells so specialized blood products can be generated and testing for special proteins on Platelets to match specific patient requirements. Post-donation reporting is when a donor calls in to something they feel is of importance (i.e., illness following donation, etc.) There is a whole infrastructure in place for donors to report their medical history, for nurses to assess the information or forward it on to a physician for assessment, to determine whether blood products need to be retrieved and whether it is advisable for the donor to continue donating.

- The next layer we are investigating is pathogen reduction. Part of the manufacturing process would be to introduce something into the blood product to destroy pathogens and then to infuse the blood product into the patient or do something about getting the substance that destroys pathogens out of the blood product prior to infusing it into the patient. The goal of these additional steps in the manufacturing process is to destroy any residual pathogens that may be in the bag.

- Canadian Blood Services currently tests for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), Hepatitis C (HCV), Human T-Cell Leukemia Virus, West Nile Virus, Syphilis and Chagas (for donors who have Chagas risk). Some donors are tested for Cytomegalovirus (CMV). However, if the donor is positive, they can still donate. For some patients, hospitals request that donors are CMV negative. Canadian Blood Services tests a small portion of blood donors so a small pool of CMV test negative products for specialized scenarios. Although the development and implementation of these tests has helped to ensure the safety of

the blood supply, it is a reactive strategy. Each time a new test is added, the cost of the blood goes up. Donors are screened with a scientifically designed survey that eliminates donors with any type of risk factor and then subjects that population to highly sensitive infectious disease testing. Some people are lost from the blood donor population due to false positives.

- In Canada, the residual risks for HIV is 1 in 21,000,000, HCV is 1 in 12,000,000 and HBV is 1 in 7,500,000. These risks are incredibly low.
- All Platelet products are BacT tested which allows for the detection of bacteria. However, the problem with this is that Platelets have a five-day outdate and the culture takes five days to be complete. Approximately 1 in 10,000 blood products contains bacteria. In most cases the bacteria contained in the blood product is so low that the patient's body destroys it but occasionally patients can get very sick. Pathogen reduction kills the bacteria and sterilizes the product.
- There are many emerging pathogens in the environment but there is currently no test for an unknown strain of an unknown virus being transmitted in the population. Pathogen reduction is proactive and broad spectrum.
- The Plasma that Canadian Blood Services collects and sends to international biopharmaceutical companies for the manufacture of purified protein drugs such as Albumin and Intravenous Immunoglobulin or clotting factors for Hemophilia patients, have for many years been manufactured using pathogen reduction strategies. Canadian Blood Services would like to use these concepts with transfused products such as Platelets and Red Cells; however, will need to ensure that the strategies brought into the transfusable domain do not destroy the blood product and make the transfusion pointless for the patient.
- Outside of North America, pathogen reduced products have been available since the early 2000's. Adoption of these technologies have accelerated in the last five to ten years.
- Two technologies available for Platelets and Plasma are Intercept™ by Cerus and Mirasol® by Terumo. Conceptual strategy for both products is that the pathogen reduction agent introduced into the blood product, after collection and prior to distribution, interacts with the DNA and RNA of infectious agents in the blood product. The product is then photoactivated and exposure to UV light causes the pathogen reduction agent to bind to or damage the DNA of the pathogen.
- Before Canadian Blood Services could adopt any of these technologies, the company the product manufacturer would require Health Canada to license their product in Canada. Canadian Blood Services would need to develop a process for leveraging the technology in our manufacturing sites, create SOPs and complete data sets to prove that the blood products produced using the technology were safe and effective.
- Canadian Blood Services participated in a clinical trial to determine whether Mirasol® treated Platelets were safe and effective for patients. The trial has been completed and the data gathered. The manufacturer will need to leverage the data and go before Health Canada to have the product licensed.
- Intercept™ has been licensed in the USA for Platelets and Plasma and Mirasol® is under review. Intercept™ is already licensed in Canada for the treatment of Plasma but not for Platelets.
- Product currently licensed in Canada is solvent detergent Plasma. The manufacturer, Octapharma pools Plasma from thousands of donors into lots and then exposes the pooled Plasma product to solvents and detergents to do pathogen reduction. This blood product is mostly used for Plasma exchange therapy for patients with thrombotic thrombocytopenic purpura who have reactions to non-solvent detergent Plasma.
- The problem with the current blood culture technology that is used to sample Platelets is that despite efforts to destroy all bacteria on someone's skin, bacteria can sometimes get into the bag. If zero of the bacteria end up in the sample when sampled at 24 hours and we then introduce that sample into our blood culture technique, it would be negative. This, however, would be a false negative because there were bacteria in the bag which would then multiply over the five-day shelf life of the Platelet. The patient could then have a septic transfusion reaction.
- The best solution from a transfusable point of view would be to pathogen reduce the entire Whole Blood donation and then from there manufacture Red Cells, Platelets and Plasma. Unfortunately, manufacturers have failed at creating a safe and effective strategy for pathogen reducing Whole Blood. There are, however, candidate products currently being aggressively tested.

Comments/ Questions:

- Is there any risk of creating a super bug when reducing pathogens?
  Although there is a possibility, it is highly unlikely.

CBS Educational Channel:

Presenter: Peter MacDonald, Director, Donor Relations, Atlantic

Key Points:

- Primary focus is on eligible blood donors and stem cell registrants between the ages of 17 – 24. Secondary focus is on youth under the age of 17.
- Aligns to the organization's strategy of growing the donor base and becoming less reliant on frequency. Recent changes (i.e., changes to Hgb thresholds and female intervals, emerging pathogens) have resulted in donors coming less frequently.
- Mobile events at schools are costly, have high rates of deferrals and faints as well as challenges to the process for Clinic Services. Due to changes in clinic plans, not as many mobiles are held at schools.
- Operating separately from the Young Blood for Life (YBFL) program were Get Swabbed events. The focus for stem cells is males from 17 – 35 and ethnic diversity. Most these events are driven by post-secondary and high schools.
- In September 2017, the YBFL program will be combined with Get Swabbed. Two youth champion tool kits and two administrator tool kits focussing on awareness and recruitment will be available. Options for awareness will drive students to e-recruitment or online registry (swabbing). Donor recruitment emphasis will focus on group bookings with territory manager support and swabbing events.
- Peter MacDonald reviewed the 2017-18 tactics for NS mobiles and PEI perm, the Halifax perm and mobiles, NB, NL and OneMatch.
- RBC is a national partner of Canadian Blood Services and is a sponsor of "We Day". RBC got Canadian Blood Services involved with the last "We Day" event in March 2017 in Saskatoon where 15,000 youth were in attendance. Canadian Blood Services hopes to continue its involvement with "We Day" as it will provide a real opportunity to engage with youth under 17.
- A teacher's resource kit for the "Learning to Save Lives" program is available on **blood.ca**.

Comments/ Questions:

- Was it not the responsibility of Curriculum Services Canada to inform schools of the "Learning to Save Lives" program? What has been done to inform teachers of the program's existence?
  "Learning to Save Lives" program information is available on the Curriculum Services Canada website.
- "Learning to Save Lives" program information should be highlighted on the **blood.ca** website and include hyperlinks to program resources and additional tagging to aid in website searches.
- It does not appear that a lot of headway has been made since the program was developed.
  When the designers of the program moved on to different roles, the program was left without an owner to push it forward. It is now part of Stephanie Smith's portfolio.
- The program should be directed to Rotary Societies at the university level who could then share it with high school students. Having a group of students ask for the program may be more effective than one teacher trying to get the program implemented.
- The fill rate for in-clinic volunteer shifts is quite high; however, occasionally some shifts may sit empty because of cancellations and no shows which cannot be foreseen.
- Med students would be a good group to approach for the in-community volunteer role as they often have great social skills, are well connected and the volunteer experience would be very important to them.
- High school students are another group that could be approached to fill volunteer roles as they often require volunteer hours as part of their curriculum.

Action Item:

- Stephanie Smith to follow-up with her contact at Curriculum Services Canada to find out what is being done to promote the "Learning to Save Lives" program.
- Peter MacDonald to draft a message on behalf of the Atlantic RLC to the Vice President, Donor Relations, regarding their concerns related to lack of promotion of the "Learning to Save Lives" program.

- Peter MacDonald to ensure MUN and Dalhousie Blood Clubs are provided with details of the blood club structure and roles.

Regional Performance:

- Atlantic Canada's active donor base is 38,744, 12.9% ahead of target. A significant challenge with the donor base is that changes made over the last year (i.e., donation frequency for females, Zika deferrals, Hgb threshold, etc.) have altered frequency. Although we started the year where we needed to be based on the previous year's reality, we will now need almost 43,000 blood donors in Atlantic Canada donating 1.9 times per year.
- In 2016-17, 27.7% fewer donors were lapsed, 18.8% fewer donors were recruited and 19.2% more donors were reinstated than was targeted. Prior to mobile clinics and perm site events, communication is sent to donors who are 12 – 36 months lapsed to advise them of upcoming events in their community. This is one of the most significant improvements made in the last two years.
- New and reinstated donors represent 53.6% of the active Atlantic donor base.
- More needs to be done to recruit donors between the ages of 24 – 45.
- Web Self-Serve performance has grown significantly and accounted for 21,519 of Atlantic appointments (15.9%).
- The NCC booked 37.2% of all appointments. As the use of other appointment channels increase, the productivity of the call centre is lessening. Centre-booked appointments represent 46.9% of all appointments. As with the NCC, DSRs are becoming less productive in terms of booking appointments. Group bookings are growing in importance.
- In the Atlantic Region, cancellations, no shows and deferrals were down and walk-ins were up. Donors who cancel their own appointments digitally, often rebook their appointments at the same time.
- In 2016-17, the Atlantic Region dealt with a strike at the Charlottetown collection centre, the second largest volume of winter storm cancellations in the past 10 years, the introduction of Zika virus deferral criteria, changes to female donation intervals (56 – 84 days), changes to male Hgb threshold and the launch of the Automated Supply Chain (a transformative change in clinic for donors and staff).
- Atlantic Canada collected:
  - Whole Blood: 75,269 units (90.6% of target), -1.9% vs. previous year.
  - Platelets: 6,083 units (93.7% of target), 2.3% vs. previous year. Percentage that were Large Volume procedures: 82.1% (NS/PE), 77.6% (NB) and 84.6% (NL).
  - Plasma: 10,097 units (71.0% of target), -7.6% vs. previous year.
  - Stem Cells: 4,549 units (133.2%). 1,862 online consents.
- In 2017-18:
  - Whole Blood donor base growth to offset reduction in frequency.
    - seeing changes in donor behaviour, shift to digital, appointment system
    - donation interval for females, mobile clinic frequency, perm site importance.
  - Entry of Canadian Plasma Resources in Moncton.
  - Trends in hospital demand.
  - Platelet program future positioning.
  - Plasma and the future Plasma as a resource in Canada and our role.
  - Stem cell conversion to online and mix.
- There are six communities Canadian Blood Services will not be returning to as part of the 2017-18 Atlantic collection plan. As well, five corporate events in NL will be collapsed and the donors brought by Life bus to the Wicklow Street perm clinic. The Health Sciences event will also be collapsed into the Wicklow Street perm clinic. The Confederation Building event in NL has turned around and will continue.

Member Roundtable:

- With the recent additions to the Atlantic RLC, it was noted how beneficial it was to have "young" voices at the table.
- A request was made for all Atlantic RLC members to visit the "Learning to Save Lives" website and comment on their findings regarding ease of use.

- A committee member commented on the "top notch" service he received during numerous calls he made to the NCC. He was treated as a valued donor in a very caring and professional manner.
- The Atlantic Region is about to enter the Honouring Our Lifeblood season. Honouring Our Lifeblood events have been scheduled for:
  - June 8, 2017 at Geo Centre in St. John's, NL
  - June 12, 2017 at the Little Lake Pavilion in Saint John, NB
  - June 13, 2017 at the Beausejour Delta in Moncton, NB
  - June 14, 2017 at the Best Western Plus in Dartmouth, NS
  - There will be no event held in PE this year as there are not enough eligible donors.

  All events will be starting at 7:00 pm.

Action Item:
- Peter MacDonald to share the positive NCC feedback with the Vice President, Donor Relations.

Possible Future Topics:
- Red Cell Inventory Ordering Algorithm
- Hematopathology Update

Action Item:
- Chris Brennan to forward internal Plasma utilization data to Dr. Clinton Campbell.

Next Meeting:
- The next meeting will be held at the Canadian Blood Services site in Dartmouth, NS, on October 23, 2017. *(Note: Meeting has since been rescheduled to October 30, 2017.)*

Action Items:
- 'Save the date' e-mail to be sent to Atlantic RLC members.

The meeting was adjourned at 2:30 pm.